

	Montana Mental Health Nursing Care Center Policy Manual		Policy Number	1120
			Original Date	04/19/1994
	Department: Social Services		Revised Date	07/09/2015
	Bed Hold Policy			

POLICY:

A bed will be held for any resident who is temporarily receiving medical services in another health care facility or is out on therapeutic home leave. The State of Montana employs an open-ended policy on how long a bed may be held.

PROCEDURE:

1. Medical records will check the census daily and report to social services if a resident is sent to the hospital.
2. A letter will be sent by the Social Services Coordinator or Social Worker to the legal guardian/DPOA or family member each time the resident is transferred to the hospital or the resident goes on a therapeutic home visit. (Attachment #1) The Social Worker will document in the medical record that the resident, family and/or guardian/DPOA has been sent notice of the Bed Hold Policy. A copy of the bed hold policy is kept in social service files.
3. There will be no limit on how long a bed will be held while the resident is requiring medical services outside the facility.
4. If the resident is discharged to another nursing home or community based services, a bed will not be held, unless trial placement has been approved by Superintendent.
5. If the resident requires extended active Psychiatric Treatment at Montana State Hospital, the resident will be discharged at the time of transfer and the bed will not be held. Montana State Hospital staff will need to reapply for admission using the admission screening process in policy #1114.

Bed Hold Policy

6. A bed will be held for a resident requiring medical services outside the facility when the provider's facility is filled, there is a current waiting list of potential residents and the resident is expected to return. (Attachment #2). A request for reimbursement to the provider will be submitted to Medicaid Services Division on a form MA-52 (Hospital Hold Form) by the Medical Records Department. Billing for holding a bed may not be billed to the resident under any circumstances. This form must be submitted only when the facility is filled and has a waiting list. A current waiting list of potential residents must accompany the form.
7. Medicaid will reimburse for twenty-four (24) therapeutic home visit days between July 1st and June 30th of each year. Form MA-041 must be submitted when the visit is under seventy-two (72) hours. Form MA-042 must be submitted when the visit exceeds seventy-two (72) hours and must be pre-authorized by the resident's physician and the Medicaid Services Division prior to the resident leaving the facility.
8. A resident's Care Plan team must approve for therapeutic home visits. Social Services will coordinate all therapeutic home visits. Therapeutic home visit days may be used for a trial home visit placement